

Lead and Copper Water Quality Parameter Report

Initial Sampling

I. PWS INFORMATION:

PWS ID #: **City / Town:** **Sample Collection Date:**

PWS Name: PWS Class: COM ☐ NTNC ☐ TNC ☐

Number of Distribution Samples Required:		Number of Distribution Tap Samples Submitted:	
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Number of Entry Point Samples Required: Number of Entry Point Samples Submitted:

SAMPLE NOTES

II. ANALYTICAL INFORMATION:

[illegible]

* Required when using a corrosion control inhibitor containing phosphate or silicate compounds.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

PWS Authorized Signature:

Date:

In accordance with 310 CMR 22.15(2), if mailing paper reports, ONE copy of this report must be received by your MassDEP Regional Office no later than 10 days after the end of the month in which the results are received or no later than 10 days after the end of the monitoring period, whichever is sooner. Please note: Electronic reporting (eDEP) deadline is the same as above.

DEP REVIEW STATUS (Initial & Date)

☐ Accepted _____ ☐ Disapproved

Review
Comments